

Entered – 11-18-00 - sb
CL – 00L0710 ALEXIS HOLMES

01-*R*-0291

CLAIM OF: **NOREEN CAREW and FRANK O'NEILL**
2559 Briers North Drive
Atlanta, Georgia 30360

For damages alleged to have been sustained as a result of a vehicular accident on October 25, 2000 at I-85 northbound at Druid Hills North exit.

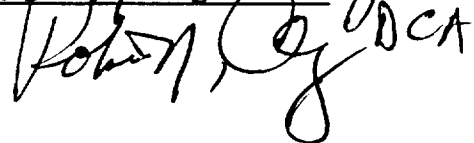
BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **Noreen Carew and Frank O'Neill** the sum of **\$567.69** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on October 25, 2000 at I-85 northbound at Druid Hills North exit as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY:


ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

 DCA

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0710

Date: 2/16/01

Claimant /Victim NOREEN CAREW and FRANK O'NEILL

BY: (Atty)(Ins.) _____

Address: 2559 Briers North Drive, Atlanta, Georgia 30360

Subrogation: X Claim for Property damage \$ 567.69 Bodily Injury \$ _____

Date of Notice: 11/9/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 10/25/00 Place: 85 North Exit Ramp at North Druid Hills

Department Police Division: Family Violence

Employee involved Investigator Adria C. Booker Disciplinary Action: Oral Reprimand

NATURE OF CLAIM: The claimants sustained vehicular damage when the driver of a City vehicle proceeded to closely at a yield sign and caused their vehicle to be rear-ended..

INVESTIGATION:

Statements: City employee _____ Claimant _____ Other _____ Written _____ Oral X

Pictures _____ Diagrams X Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver None Claimant Driver None

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement X

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 567.69 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 02-16-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: Oct 6th 2000 11/28/00

09-11-00P02:30 RCVD

ENTERED - 11-18-00 - SB
00L0710 - ALEXIS HOLMES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 10/25/00 2. Time of Incident: 14:05 3. Police called: ✓
(month/day/year) Yes No

4. Location of incident (including street address): 85N Exit Ramp NB North Druid Hills

5. Name of your insurance company: CITIZENS INS CO. OF AMERICA Policy No. APA-3938507
Grimes Insurance

6. State what and how incident occurred: ON Exiting 85N at north druid hills at intersection of nr druid hills my car was struck from the rear (accident report attached)

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: CRYSLER TO 97 102 LEF NOKEEN CAREW
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: 89 FORD TAURUS ADRIA BOOKER 404 CITY OF ATLANTA
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: None came forward.
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Nokeen Carew
Signature of Claimant

NOKEEN CAREW
(Print Claimant's Name)

2559 BRIERS NR DRIVE
(Address)

ATLANTA GA 30360
(City, State and Zip Code)

4046053532 7704570158
(Work Number) (Home Number)

01-R-0291

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